

**NC DHHS – NC DMH/DD/SAS  
Child Residential Level III  
Endorsement Check Sheet Instructions**

**Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

**Provider Requirements**

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

- a.** Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- b.(1).** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC.

Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- b.(2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required

training has been acquired by each staff member delivering Residential Level III services and completed within the specified time frames.

- a.** Staffing for Residential Level III requires a minimum of one Qualified Professional (QP) with minimum of two years experience in serving the children/adolescents. Review program description, personnel manual, job descriptions, employee personnel files and other documentation to ensure that education and credentials are consistent with program requirements.
- a.1.** Review the program description, policies, staff schedules, time sheets and other documentation to verify that for each facility of five or fewer beds, the QP performs clinical and administrative responsibilities a minimum of 10 hours each week with 70% of that time being when children/adolescents are awake and present in the facility.
- a.2.** Review the program description, staff schedules, time sheets and other documentation to verify that for each facility of six or more beds, the QP performs clinical and administrative responsibilities a minimum of 32 hours each week with 70% of that time being when children/adolescents are awake and present in the facility.
- b.** Review the program description, policies, staff schedules, time sheets and other documentation to verify that in addition to the QP specified in 10A NCAC 27G .1702, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP) as set forth in 10A NCAC 27G .0104(1). Review to ensure that the responsibilities of the position are congruent with the level of education and experience required.
- c.** Review the program description, policies, staff schedules, time sheets, supervision plans, supervision notes, and other documentation to verify that supervision of APs is provided according to supervision requirements 10A NCAC 27G .0203, and that supervision of paraprofessionals is provided according to supervision requirements 10 NCAC 27G .0204.
- d.** Review program description, policies and procedures, as well as schedules and other documentation for language that indicates clinical consultation from a Licensed Professional (LP) occurs according to requirements for a minimum of 4 hours weekly. Review policy and procedure manuals, program descriptions, employment application, resume, license, certification and job descriptions that for facilities that serve individuals diagnosed with substance related disorders, the consultation includes time with an LP credentialed as a CCS or LCAS. Review program description, policies and procedures, as well as schedules and other documentation for language that indicates that if the facility accepts residents with a history of sexual offenses, the QP must have the requisite experience and receive the necessary supervision.
- e.** Review program description, policies and procedures, schedules, as well as service records and other documentation for language that indicates each resident receives a minimum of four hours of clinical treatment services weekly.
- f.** Review program description, policies and procedures, schedules, as well as service records and other documentation for language that indicates the staffing patterns are in compliance with the required ratios (listed on Checksheets).

**Service Type/Setting**

The elements in this section pertain to the provider's having an understanding of the Residential Level III services and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that Residential Level III is being provided to consumers who meet the eligibility requirements and that interventions reflect best practice.

- a. Verify that the facility is licensed according to 10A NCAC 27G .1700.

**Program/Clinical Requirements**

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the service definition. Review documentation to determine clinical integrity, coordination other services and supports in delivery of services and documented interventions that indicate adherence to best practice standards.

- a. Verify through a review of the actual operational schedule that the service is available 24 hours each, 7 days a week and 365 days a year.
- b. Review program description for language that services are for children /adolescents who have a primary diagnosis of mental illness/ emotional disturbance & may also have other disabilities. Review for language that evidences no more than a total of 12 residents in a facility. Review for evidence that services meet the minimum requirements of 10A NCAC 27G .1700.

- c. Review for language that all services are treatment services that address skill acquisition for the child's/adolescent's step down to a less secure setting and that the SOC approach is followed.
- d. Review for language that identifies that the PCP drives treatment. Review that an Soc approach is used for planning through the Child and Family Team. Review the program description and other documentation for language that interventions are individualized according to recipient needs. Review that discharge planning begins at admission.
- e. Review for language that demonstrates a working relationship with the local schools to meet the child's/adolescent's educational needs.
- f. Review the program description and other documentation for language that transfers/ discharges are individualized according to recipient needs. Review that planning for such involves the SOC approach.
- g. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. The Program Director, the Licensed Professional and a minimum of two (2) additional full time staff members must be interviewed.

#### **Documentation Requirements**

All contacts for Residential Level III Program Type services must be documented - a full service note per shift is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Records Management and Documentation Manual. Review policy and procedure manuals for language that demonstrates that all contacts with or on behalf of the recipient must be recorded in the service record. Review policy and procedure manuals and job descriptions for language demonstrating the provider will ensure service documentation is completed per Medicaid guidelines. Review policy and procedure manuals for language which addresses completion of required forms, transition and discharge planning.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. PCPs shall have all the required components and address plans for transition/discharge. Service notes should relate directly to the needs and goals identified in the recipients' PCPs.

- a. Review notes for all of the required elements
- b. Review service records for the independent psychiatric assessment.
- c. Review for the required discharge plan documented on the required form.